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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/694,630
		Filing Date	October 27, 2003
		First Named Inventor	Michael Buchmann
		Art Unit	3652
		Examiner Name	Charles A. Fox
Total Number of Pages in This Submission	16	Attorney Docket Number	5327-031639

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Check in the amount of \$1020.00
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	Return Receipt Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts Under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Webb Law Firm		
Signature			
Printed Name	William H. Logsdon		
Date	January 24, 2007	Reg. No.	22,132

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature		Date	January 24, 2007
Typed or printed name	Lisa Engel		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney's Docket No. 5327-031639

TRANSMITTAL LETTER

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.: 10/694,630

Filing Date: October 27, 2003

Examiner: Charles A. Fox Group Art Unit: 3652

Invention: "Battery Changing System For An Industrial Truck"

Transmitted herewith is an Amendment After Final in the above-identified application.

Small Entity Status is/has been asserted for this application under 37 CFR 1.27.
 A verified statement to establish small entity status under 37 CFR 1.27 is enclosed.
 No additional fee is required.
 The fee has been calculated as shown below:

	No. of Claims After Amendment	Highest No. Previously Paid For	Present Extra	Small Entity Rate	Non-Small Entity Rate	Charge
Total	<u>4</u>	<u>15</u>	<u>0</u>	x \$ 25.00	x \$ 50.00	\$ 0.00
Indep.	<u>1</u>	<u>1</u>	<u>0</u>	x \$100.00	x \$200.00	\$ 0.00
First Presentation of Multiple Dependent Claim/s						+ \$180.00
						+ \$360.00
						\$ 0.00
						TOTAL ADDITIONAL FEE
						\$ 0.00

A check in the amount of \$ _____ is enclosed to cover the additional fee.
 A check in the amount of \$ 1,020.00 is enclosed for a Three-month Petition for Extension of time.
 The Commissioner is hereby authorized to charge payment of the following fees associated with this communication to Deposit Account No. 23-0650. Please refund any overpayment to Deposit Account No. 23-0650. An original and two copies of this sheet are enclosed.
 Any additional filing fees required under 37 CFR 1.16.
 Any patent application processing fees under 37 CFR 1.17.

January 24, 2007

Date

By

William H. Logsdon

Registration No. 22,132

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1/24/07

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Typed Name of Person Signing Certificate